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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF GEORGIA	-	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).		Zendra First name Scott	First name
			Middle name	Middle name
	iden	g your picture tification to your ting with the trustee.	Shepherd Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		other names you have d in the last 8 years		
		ide your married or den names.		
3.	you num Indi	y the last 4 digits of r Social Security ber or federal vidual Taxpayer utification number	xxx-xx-0820	

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Debtor 1 Zendra Scott Shepherd

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and		■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s)			
	doing business as names	EIN	EINI			
		EIN	EIN			
5.	Where you live		If Debtor 2 lives at a different address:			
		5375 Sugarloaf Pkwy #4106 Lawrenceville, GA 30043				
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
	Gwinnett County		County			
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.		If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing	Check one:	Check one:			
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Debtor 1 Zendra Scott Shepherd Case number (if known)

ar	t 2: Tell the Court About	Your E	Bankruptcy Ca	se				
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	■ C	hapter 7					
			Chapter 11					
			hapter 12					
			Chapter 13					
3.	How you will pay the fee		about how yo	u may pay. Ty attorney is sub	pically, if you are payir	ng the fee yourself, y	ne clerk's office in your local you may pay with cash, cash attorney may pay with a cre	ier's check, or money
					stallments. If you choonts (Official Form 103A)		and attach the Application for	or Individuals to Pay
		□ I request that my fee be waived (You may request this option only but is not required to, waive your fee, and may do so only if your indepolic applies to your family size and you are unable to pay the fee in inst the Application to Have the Chapter 7 Filing Fee Waived (Official Feed)					me is less than 150% of the oments). If you choose this op	official poverty line that tion, you must fill out
) .	Have you filed for bankruptcy within the	■ N	0.					
	last 8 years?	□ Ye	es.					
			District		Wher	n	Case number	
			District		Wher	n	Case number	
			District		Wher	1	Case number	
10.	Are any bankruptcy	■ N	0					
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Ye	es.					
			Debtor				Relationship to you	-
			District		Wher	1	Case number, if known	ı
			Debtor				Relationship to you	
			District		Wher	n	Case number, if known	l
11.	Do you rent your residence?	■ N	o. Go to I	ine 12.				
	i coluctive :	□ Ye	es. Has yo	ur landlord ob	tained an eviction judg	ment against you?		
				No. Go to line	e 12.			
Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) this bankruptcy petition.					and file it as part of			

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Document Page 4 of 60 Case number (if known) Debtor 1 Zendra Scott Shepherd Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor Go to Part 4. of any full- or part-time No. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to Chapter 11 of the proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or Bankruptcy Code, and you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, are you a small business cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. debtor or a debtor as § 1116(1)(B). defined by 11 U.S.C. § 1182(1)? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and ☐ Yes. I do not choose to proceed under Subchapter V of Chapter 11. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I ☐ Yes. choose to proceed under Subchapter V of Chapter 11. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety?

Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Zendra Scott Shepherd

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 Zendra Scott Shepherd Case number (if known) Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Zendra Scott Shepherd Signature of Debtor 2 Zendra Scott Shepherd Signature of Debtor 1 Executed on 11/19/2020 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Zendra Scott Shepherd Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Lorena	L. Saedi	Date	11/19/2020
Signature of	Attorney for Debtor		MM / DD / YYYY
Loronal	Saedi 622072		
Printed name	Saeur 022072		
	Group, LLC		
Firm name			
3006 Clair	mont Road, Ste. 103		
Atlanta, G.	A 30329		
Number, Street,	City, State & ZIP Code		
Contact phone	404-889-8663	Email address	Isaedi@saedilawgroup.com
622072 GA	1		
Bar number & St	tato		

	s information to identify you				
Debtor 1	Zendra Scott Sh First Name	epherd Middle Name	Last Name		
Debtor 2 (Spouse if, fili	ing) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	NORTHERN DISTRICT OF	GEORGIA		
Case num	ber			П	Check if this is an
(**************************************					mended filing
Officia	l Form 107				
Staten	nent of Financial	Affairs for Individ	uals Filing for B	ankruptcy	4/1
informatio		ble. If two married people are attach a separate sheet to the stion.			
Part 1:	Give Details About Your Ma	rital Status and Where You L	ived Before		
1. What	is your current marital statu	s?			
	Married				
_	Not married				
2. Durin	g the last 3 years, have you	lived anywhere other than w	here you live now?		
_	No.	•	•		
_		ived in the last 3 years. Do not	include where you live now	<i>'</i> .	
	or 1 Prior Address:	Dates Debtor 1	Debtor 2 Prior Ad		Dates Debtor 2
		lived there			lived there
	Lindsay Ct anville, GA 30052	From-To: 8/2005 to 7/201 !	☐ Same as Debtor ²		☐ Same as Debtor 1 From-To:
states and	territories include Arizona, Ca No Yes. Make sure you fill out Sch	ver live with a spouse or lega lifornia, Idaho, Louisiana, Neva nedule H: Your Codebtors (Offic	da, New Mexico, Puerto R		
Part 2	Explain the Sources of You	r Income			
Fill in	the total amount of income yo	nployment or from operating u received from all jobs and all have income that you receive	businesses, including part-	time activities.	ndar years?
□ n	No				
	es. Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	uary 1 of current year until ou filed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$45,000.00	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	

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Debtor 1	Zendra Scott Shepherd		Case number (if known)	

		Deb	Debtor 1			Debtor 2			
			rces of income ck all that apply.	Gross inco (before ded exclusions)	me uctions and	Sources of inc Check all that a		Gross income (before deductions and exclusions)	
	r last calendar year: nuary 1 to December 31,	2010 1	Vages, commissions, uses, tips		\$46,000.00	☐ Wages, combonuses, tips	missions,		
			perating a business			☐ Operating a	business		
	r the calendar year before nuary 1 to December 31,	2018 \	Vages, commissions, uses, tips	:	\$43,000.00	☐ Wages, com bonuses, tips	missions,		
			perating a business			☐ Operating a	business		
	Include income regardles and other public benefit p winnings. If you are filing List each source and the No Yes. Fill in the detail	eayments; pensic a joint case and gross income fro	ons; rental income; inter you have income that y	rest; dividends; you received to	money colled gether, list it d	ted from lawsuits; only once under De	royalties; ar ebtor 1.		
		Debt	or 1			Debtor 2			
		Sour	ribe below.	Gross inco each source (before ded exclusions)		Sources of inc Describe below		Gross income (before deductions and exclusions)	
Par	rt 3: List Certain Paym	ents You Made	Before You Filed for	Bankruptcy					
6.	individual prin During the 90 No. G Yes L p * Subject to a Yes. Debtor 1 or D During the 90 No. G Yes L	or 1 nor Debtor narily for a perso days before you to to line 7. ist below each co aid that creditor. ot include payme adjustment on 4/2 Debtor 2 or both days before you to to line 7. ist below each or	2 has primarily consumal, family, or household filed for bankruptcy, distributed for bankruptcy, distributed for bankruptcy, distributed for bankruptcy for the consumation of the consu	Imer debts. C Id purpose." d you pay any id a total of \$6, hts for domestichis bankruptcy s after that for Imer debts. d you pay any d a total of \$60	creditor a tota 825* or more c support oblig case. cases filed on creditor a tota	in one or more pay gations, such as ch or after the date o il of \$600 or more?	re? rments and tild support a f adjustment	and alimony. Also, do	
		ttorney for this b		onganons, suc	i as cillu sup	port and allmony. <i>I</i>	115U, UU 11UT	modue payments to an	
	Creditor's Name and A	ddress	Dates of payme	ent Tot	al amount paid	Amount you still owe	Was this	payment for	

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Debtor 1 Zendra Scott Shepherd Page 10 01 00

Case number (if known)

7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.							
	☐ Yes. List all payments to an insider.							
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment		
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos No		ments or transfer a	any property on a	ccount of a d	ebt that benefited an		
	☐ Yes. List all payments to an insider							
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment litor's name		
Pai	t 4: Identify Legal Actions, Repossession	ns. and Foreclosures						
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.							
	Case title Case number	Nature of the case	Court or agency		Status of th	ne case		
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		erty repossessed, t	foreclosed, garnis	hed, attached	d, seized, or levied?		
	Creditor Name and Address	Describe the Property		Date		Value of the		
		Explain what happened	ı		property			
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details.							
	Creditor Name and Address	Describe the action the	creditor took		Date action was Amou			
12.	 Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes 							
Pai	t 5: List Certain Gifts and Contributions							
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	otcy, did you give any gifts	s with a total value	of more than \$60	0 per person	?		
	Gifts with a total value of more than \$600 per person	Describe the gifts		Dates the g	s you gave ifts	Value		
	Person to Whom You Gave the Gift and Address:							

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Debtor 1	Zendra Scott Shepherd	Doddinent	Case number (if known)
DODIOI I	Zenura ocott onepneru		Case Harrison (II Milowit)

14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No □ Yes. Fill in the details for each gift or contribution.							
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod		Describe what you contributed	Dates you contributed	Value			
Par	t 6: List Certain Losses							
15.	or gambling?	iptcy or	since you filed for bankruptcy, did you lose any	thing because of thef	t, fire, other disaster,			
	Yes. Fill in the details.	Deceri		Date of your	Value of property			
	Describe the property you lost and how the loss occurred	Include	the amy insurance coverage for the loss the amount that insurance has paid. List pending ce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost			
Par	t 7: List Certain Payments or Transfers	s						
16.	consulted about seeking bankruptcy or	preparir	d you or anyone else acting on your behalf paying a bankruptcy petition? s, or credit counseling agencies for services require	, ,	rty to anyone you			
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y	′ ou	Description and value of any property transferred	Date payment or transfer was made	Amount of payment			
	Saedi Law Group, LLC 3006 Clairmont Road Ste 112 Atlanta, GA 30329 www.saedilawgroup.com		\$75 Filling Fee and \$40 Credit Report Fee	Filing fee and credit report	\$155.00			
	001 Debtorcc Inc. 372 Summit Ave Jersey City, NJ 07306 www.debtoredu.com		Credit counseling course		\$14.95			
17.	Within 1 year before you filed for bankru promised to help you deal with your cree Do not include any payment or transfer that I No Yes. Fill in the details.	ditors o		or transfer any prope	rty to anyone who			
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment			

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Debtor 1 Zendra Scott Shepherd

Case number (if known)

18.	Within 2 years before you filed for bankruptcy, of transferred in the ordinary course of your busin Include both outright transfers and transfers made a include gifts and transfers that you have already list. No Yes. Fill in the details.	ness or financial affa as security (such as th	irs? ne granting of a s			
	Person Who Received Transfer Address Person's relationship to you	property transferred		paymen	e any property or ts received or debts exchange	Date transfer was made
	OPENDOOR PROPERTY TRUST 1 902 Lindsay Court Loganville, GA 30052 None	Home owned joi ex-husband solo			profit made and stween the parties	7/2019
19.	Within 10 years before you filed for bankruptcy, beneficiary? (These are often called asset-protect No Yes. Fill in the details.		y property to a s	elf-settled 1	rust or similar device o	of which you are a
	Name of trust	Description and value of the property transferred			rred	Date Transfer was made
20.	Within 1 year before you filed for bankruptcy, w sold, moved, or transferred? Include checking, savings, money market, or ot houses, pension funds, cooperatives, association No Yes. Fill in the details. Name of Financial Institution and	her financial accoun	nts; certificates o	of deposit;		
	Address (Number, Street, City, State and ZIP Code)	count number	instrument	n	losed, sold, noved, or ransferred	before closing or transfer
21.	Do you now have, or did you have within 1 year cash, or other valuables? No Yes. Fill in the details.	before you filed for	bankruptcy, any	/ safe depo	sit box or other deposi	tory for securities,
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acco Address (Number, St State and ZIP Code)		Describe th	e contents	Do you still have it?
22.	Have you stored property in a storage unit or pl ■ No □ Yes. Fill in the details.	lace other than your	home within 1 y	ear before	you filed for bankruptc	y?
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, St		Describe th	e contents	Do you still have it?

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Debtor 1 Zendra Scott Shepherd

Case number (if known)

 Do you hold or control any property the for someone. No Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Co Part 10: Give Details About Environmental 	Where is the property?	perty you borrowed from, are storing for Describe the property	r, or hold in trust						
Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Co	de) (Number, Street, City, State and ZIP	Describe the property							
Owner's Name Address (Number, Street, City, State and ZIP Co	de) (Number, Street, City, State and ZIP	Describe the property							
Address (Number, Street, City, State and ZIP Co	de) (Number, Street, City, State and ZIP	Describe the property							
Part 10: Give Details About Environmenta	Code)	bescribe the property	Value						
	I Information								
For the purpose of Part 10, the following de	initions apply:								
	to the air, land, soil, surface water, gro	erning pollution, contamination, release undwater, or other medium, including st							
to own, operate, or utilize it, including	lisposal sites.	tal law, whether you now own, operate, o							
 Hazardous material means anything ar hazardous material, pollutant, contami 		ous waste, hazardous substance, toxic s	substance,						
Report all notices, releases, and proceeding	s that you know about, regardless of w	hen they occurred.							
24. Has any governmental unit notified you	that you may be liable or potentially lia	ble under or in violation of an environme	ental law?						
■ No □ Yes. Fill in the details.									
Name of site Address (Number, Street, City, State and ZIP Co	Governmental unit Address (Number, Street, City, State ZIP Code)	Environmental law, if you know it	Date of notice						
25. Have you notified any governmental ur	Have you notified any governmental unit of any release of hazardous material?								
■ No □ Yes. Fill in the details.									
Name of site Address (Number, Street, City, State and ZIP Co	Governmental unit Address (Number, Street, City, State ZIP Code)	Environmental law, if you know it	Date of notice						
26. Have you been a party in any judicial o	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.								
■ No									
Yes. Fill in the details.									
Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case						
Part 11: Give Details About Your Busines	s or Connections to Any Business								
27. Within 4 years before you filed for bank	ruptcy, did you own a business or have	any of the following connections to any	y business?						
☐ A sole proprietor or self-emplo	red in a trade, profession, or other activ	ity, either full-time or part-time							
	ompany (LLC) or limited liability partne	•							
☐ A partner in a partnership									
☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation									

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Deb	otor 1 Zendra Scott Shepherd	Ca	se number (if known)
	No. None of the above applies. Go toYes. Check all that apply above and fi	Part 12. Il in the details below for each business.	
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
28.	Within 2 years before you filed for bankrup institutions, creditors, or other parties. No Yes. Fill in the details below.	otcy, did you give a financial statement to a	nyone about your business? Include all financial
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Par	t 12: Sign Below		
are to with 18 U	rue and correct. I understand that making		declare under penalty of perjury that the answers obtaining money or property by fraud in connection ars, or both.
Dat	e <u>11/19/2020</u>	Date	
Did : ■ N □ Y	0	ent of Financial Affairs for Individuals Filin	g for Bankruptcy (Official Form 107)?

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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mation to identify y					
	our case an	d this filing:			
Zendra Scott	Shanhard				
First Name		/liddle Name	Last Name		
First Name	N	liddle Name	Last Name		
ankruptcy Court for the	he: NORTH	HERN DISTRICT O	F GEORGIA		
					☐ Check if this is an amended filing
					amonada ming
/=					
orm 106A/B					
e A/B: Pro	operty	•			12/15
			ce. If an asset fits in more than o	ne category, list the asset in	the category where you
Each Posidoneo Bui	ilding Land o	r Other Peal Estate	/ou Own or Have an Interest In		
Lacii Residence, Bui	nung, Lanu, o	of Other Real Estate	Tou Own or mave an interest in		
have any legal or equ	itable interest	in any residence, bu	uilding, land, or similar property?		
rt 2.					
is the property?					
s the property:					
Your Vehicles					
ucks, tractors, spo	ort utility veh	icles, motorcycles	3		
	ort utility veh			Do not deduct socured a	elaims or avamptions. But
Infinity	ort utility veh		st in the property? Check one	the amount of any secur	claims or exemptions. Put red claims on <i>Schedule D:</i>
Infinity Q70L	ort utility veh	Who has an interes ■ Debtor 1 only		the amount of any secur	
Infinity Q70L 2016		Who has an interes ■ Debtor 1 only □ Debtor 2 only	st in the property? Check one	the amount of any secur Creditors Who Have Cla Current value of the	ed claims on Schedule D: nims Secured by Property. Current value of the
Infinity Q70L	ort utility veh	Who has an interest ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and De	st in the property? Check one	the amount of any secur Creditors Who Have Cla	ed claims on Schedule D: nims Secured by Property.
Infinity Q70L 2016 te mileage:		Who has an interest ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and De	st in the property? Check one	the amount of any secur Creditors Who Have Cla Current value of the entire property?	ed claims on Schedule D: nims Secured by Property. Current value of the
Infinity Q70L 2016 te mileage:		Who has an interes ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and De □ At least one of the	st in the property? Check one	the amount of any secur Creditors Who Have Cla Current value of the	ed claims on Schedule D: nims Secured by Property. Current value of the
) (Significant is	rm 106A/B e A/B: Property? The property? Your Vehicles Inkruptcy Court for the property? First Name A Court for the property of the property? Your Vehicles See, or have legal or equals.	rm 106A/B e A/B: Property eparately list and describe items. I e as complete and accurate as pose e space is needed, attach a separation. Each Residence, Building, Land, on the property? Your Vehicles se, or have legal or equitable in	rm 106A/B e A/B: Property eparately list and describe items. List an asset only on e as complete and accurate as possible. If two married e space is needed, attach a separate sheet to this form stion. Each Residence, Building, Land, or Other Real Estate in the armound of the property? Your Vehicles se, or have legal or equitable interest in any vehicles	rm 106A/B e A/B: Property eparately list and describe items. List an asset only once. If an asset fits in more than of e as complete and accurate as possible. If two married people are filing together, both a espace is needed, attach a separate sheet to this form. On the top of any additional pagition. Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In have any legal or equitable interest in any residence, building, land, or similar property? 12. 13. 14. 15. 16. 17. 18. 18. 18. 18. 18. 18. 18	First Name Middle Name Last Name nkruptcy Court for the: NORTHERN DISTRICT OF GEORGIA Property eparately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in e as complete and accurate as possible. If two married people are filling together, both are equally responsible for s e space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and castion. Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In have any legal or equitable interest in any residence, building, land, or similar property?

Official Form 106A/B Schedule A/B: Property page 1

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De	ebtor 1	Zendra Scot	tt Shepherd Case number	er (if known)	
		old goods and fes: Major appliar	furnishings nces, furniture, linens, china, kitchenware		
	Yes.	Describe			
			Household Goods	\neg	\$2,000.00
			nousehold goods		Ψ2,000.00
	□No	es: Televisions a including cel	and radios; audio, video, stereo, and digital equipment; computers, printers, scanne I phones, cameras, media players, games	ers; music col	llections; electronic devices
	■ Yes.	Describe			
			2 TVs,1 Smartphone,1 Tablet, 1 Computer		\$500.00
	Example No		I figurines; paintings, prints, or other artwork; books, pictures, or other art objects; sons, memorabilia, collectibles	stamp, coin, c	or baseball card collections;
	Example 	ent for sports a es: Sports, photo musical instr	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, sk	is; canoes aı	nd kayaks; carpentry tools;
	■ No □ Yes.	Describe			
10.			s, shotguns, ammunition, and related equipment		
	■ No □ Yes.	Describe			
	Clothes Examp		othes, furs, leather coats, designer wear, shoes, accessories		
	Yes.	Describe			
			Clothing	\neg	\$500.00
	□ No		welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watch	es, gems, go	old, silver
			Jewelry		\$100.00
	Examp ■ No □ Yes.	rm animals oles: Dogs, cats, Describe	birds, horses d household items you did not already list, including any health aids you did	I not list	
	■ No	Civo opositio int	Cormotion		
	⊔ Yes.	Give specific inf	ormation	_	
15			of all of your entries from Part 3, including any entries for pages you have at number here	tached	\$3,100.00

Official Form 106A/B Schedule A/B: Property page 2

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Debtor 1	Zendra Scott Si	hepherd		Case number (if known)	
Part 4: D	escribe Your Financial	Assats			
			n any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
☐ No	nples: Money you have	e in your wallet, in your h	nome, in a safe deposit box, and on	hand when you file your petition	
				Cash	\$30.00
Exan			counts; certificates of deposit; share ts with the same institution, list each		es, and other similar
□ No ■ Yes	s		Institution name:		
		17.1. Checking	Bank Account		\$300.00
		17.2. Savings	Bank Account		\$100.00
19. Non-p joint ■ No	venture	Institution or issue and interests in incorp nation about them Name of entity:	porated and unincorporated busi	nesses, including an interest in a % of ownership:	ın LLC, partnership, and
Nego Non-i ■ No	otiable instruments incl	lude personal checks, ca s are those you cannot to	potiable and non-negotiable instru ashiers' checks, promissory notes, a ransfer to someone by signing or de	and money orders.	
Exam ■ No	s. List each account se	, ERISA, Keogh, 401(k),	403(b), thrift savings accounts, or c	other pension or profit-sharing plans	;
Your <i>Exam</i> ■ No		eposits you have made s	so that you may continue service or , public utilities (electric, gas, water Institution name or individu), telecommunications companies,	or others
23. Annu i	ities (A contract for a	periodic payment of mor	ney to you, either for life or for a nur	nber of years)	
☐ Yes	lssue	r name and description.			
	sts in an education II S.C. §§ 530(b)(1), 529.		qualified ABLE program, or unde	r a qualified state tuition progran	n.
	Institu	ution name and description	on. Separately file the records of an	y interests.11 U.S.C. § 521(c):	
Official Fo	rm 106A/B		Schedule A/B: Property		page 3

Case 20-72147-wlh Doc 1 Filed 11/30/20 Entered 11/30/20 12:05:57 Page 18 of 60 Document Case number (if known) Debtor 1 Zendra Scott Shepherd 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim.......

Official Form 106A/B Schedule A/B: Property page 4

35. Any financial assets you did not already list

☐ Yes. Give specific information..

No

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Deb	tor 1	Zendra Scott Shepherd		Case number (if known)	
36.		the dollar value of all of your entries from Part 4, includi art 4. Write that number here		' -	\$430.00
Part	5: De	scribe Any Business-Related Property You Own or Have an Inte	erest In. List any real esta	ate in Part 1.	
7. C	Do you o	own or have any legal or equitable interest in any business-rela	ted property?		
	No. Go	to Part 6.			
	Yes. G	Go to line 38.			
Part		scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1.	u Own or Have an Interes	st In.	
·6. I	Do you	ı own or have any legal or equitable interest in any farm	- or commercial fishir	ng-related property?	
	No.	Go to Part 7.			
	☐ Yes	. Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That Yo	ou Did Not List Above		
	<i>Exam</i> µ ■ No	have other property of any kind you did not already list poles: Season tickets, country club membership Give specific information	t?		
54.	Add t	the dollar value of all of your entries from Part 7. Write th	hat number here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	1: Total real estate, line 2			\$0.00
56.	Part 2	2: Total vehicles, line 5	\$23,000.00	_	
57.	Part 3	3: Total personal and household items, line 15	\$3,100.00		
58.	Part 4	4: Total financial assets, line 36	\$430.00		
59.	Part 5	5: Total business-related property, line 45	\$0.00		
60.	Part 6	6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	7: Total other property not listed, line 54	+ \$0.00		
62.	Total	personal property. Add lines 56 through 61	\$26,530.00	Copy personal property total	\$26,530.00

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$26,530.00

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Fill in this inform	ation to identify your	case:					
Debtor 1	Debtor 1 Zendra Scott Shepherd						
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF GEORGIA				
Case number					☐ Check if this is an amended filing		

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
Household Goods Line from Schedule A/B: 6.1	\$2,000.00		\$2,000.00	O.C.G.A. § 44-13-100(a)(4)	
Elle Holli Schedule PAD. V.1			100% of fair market value, up to any applicable statutory limit		
2 TVs,1 Smartphone,1 Tablet, 1 Computer	\$500.00		\$500.00	O.C.G.A. § 44-13-100(a)(4)	
Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit		
Clothing Line from Schedule A/B: 11.1	\$500.00		\$500.00	O.C.G.A. § 44-13-100(a)(4)	
Elle Holli Genedale PAB.			100% of fair market value, up to any applicable statutory limit		
Jewelry Line from Schedule A/B: 12.1	\$100.00		\$100.00	O.C.G.A. § 44-13-100(a)(5)	
Ellie Helli Geriodale 772. 12.1			100% of fair market value, up to any applicable statutory limit		
Cash Line from Schedule A/B: 16.1	\$30.00		\$30.00	O.C.G.A. § 44-13-100(a)(6)	
Line from Schedule PVD. 19.1			100% of fair market value, up to any applicable statutory limit		

Del	btor 1 Zendra Scott Shepherd	Case number (if known)					
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption		
		Copy the value from Schedule A/B	Che				
	Checking: Bank Account Line from Schedule A/B: 17.1	\$300.00		\$300.00	O.C.G.A. § 44-13-100(a)(6)		
	Line Horr Schedule A/B. 17.1			100% of fair market value, up to any applicable statutory limit			
	Savings: Bank Account Line from Schedule A/B: 17.2	\$100.00		\$100.00	O.C.G.A. § 44-13-100(a)(6)		
	Line from Schedule A/B. 11.2			100% of fair market value, up to any applicable statutory limit			
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every No			led on or after the date of adjustmer	nt.)		
	☐ Yes. Did you acquire the property cove	red by the exemption wi	thin 1	?			
	□ No						
	□ V						

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Fill in this info	ormation to identify you	r case:				
Debtor 1	Zendra Scott Sh	nepherd				
	First Name	·	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States I	Bankruptcy Court for the:	NORTHERN DISTRICT OF GEO	DRGIA			
Case number (if known)					_	if this is an ded filing
Official Fo	rm 106D					
		Who Have Claims S	ecured	by Propert	y	12/15
	the Additional Page, fill it o	If two married people are filing together out, number the entries, and attach it to				
1. Do any credito	ors have claims secured by	your property?				
☐ No. Che	eck this box and submit the	nis form to the court with your other s	chedules. Yo	u have nothing else t	o report on this form.	
Yes. Fil	in all of the information	below.			·	
Part 1: List	All Secured Claims					
		more than one secured claim, list the credit	tor congrately	Column A	Column B	Column C
for each claim. I	f more than one creditor has	a particular claim, list the oreditors in call order according to the creditor's name.	n Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 CarMax	Auto Finance	Describe the property that secures the	e claim:	\$25,770.00	\$23,000.00	\$2,770.00
Creditor's Na	ame	2016 Infinity Q70L 60000 mile	s			
Po Box Kennes	ankruptcy 440609 aw, GA 30160 eet, City, State & Zip Code	As of the date you file, the claim is: Chapply. Contingent Unliquidated Disputed	heck all that			
Who owes the	debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only □ Debtor 2 only		☐ An agreement you made (such as mo car loan)	ortgage or secu	ıred		
Debtor 1 and		☐ Statutory lien (such as tax lien, mech	anic's lien)			
	of the debtors and another	☐ Judgment lien from a lawsuit	,			
☐ Check if this community	claim relates to a debt	Other (including a right to offset)				
Date debt was i	ncurred	Last 4 digits of account numbe	er			
	-	olumn A on this page. Write that number	er here:	\$25,77		
Write that num		the dollar value totals from all pages.		\$25,77	0.00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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		Document	Page 23 of (60		
Fill in this info	ormation to identify your case					
Debtor 1	Zendra Scott Shephe	rd				
DODIO! 1	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the: NC	RTHERN DISTRICT O	F GEORGIA			
Case number						
(if known)					☐ Chec	k if this is an
					amer	nded filing
Official Ea	rm 1065/5					
	rm 106E/F	Have Heaseum	ad Claima			40/4E
	E/F: Creditors Who					12/15
eft. Attach the C	ditors Who Have Claims Secured Continuation Page to this page. If your page of the page of the page of the page of the page.					
Part 1: List	All of Your PRIORITY Unsecu	ured Claims				
1. Do any cred	ditors have priority unsecured cla	ims against you?				
☐ No. Go t	o Part 2.					
Yes.						
identify what possible, list	our priority unsecured claims. If a t type of claim it is. If a claim has bot t the claims in alphabetical order acc ore than one creditor holds a particula	h priority and nonpriority ar ording to the creditor's nan	nounts, list that claim here a ne. If you have more than tv	and show both priority a	nd nonpriority amou	ınts. As much as
(For an expl	anation of each type of claim, see th	e instructions for this form	in the instruction booklet.)			
	,		,	Total claim	Priority amount	Nonpriority amount
	gia Department of Revenue	Last 4 digits of a	count number	\$0.00	\$0.0	0 \$0.00
ATTN 1800	Creditor's Name I: Bankruptcy Department Century Blvd., N.E.	When was the de	bt incurred?			
	ta, GA 30345 r Street City State Zip Code	As of the date yo	u file, the claim is: Check	all that apply		
Who incu	rred the debt? Check one.	☐ Contingent		,		
■ Debtor	1 only	☐ Unliquidated				
☐ Debtor	2 only	☐ Disputed				
☐ Debtor	1 and Debtor 2 only	Type of PRIORIT	Y unsecured claim:			
☐ At least	t one of the debtors and another	☐ Domestic supp	ort obligations			
☐ Check	if this claim is for a community d	ebt Taxes and cer	ain other debts you owe the	e government		
	m subject to offset?		th or personal injury while y	•		
■ No		☐ Other. Specify				
☐ Yes			Notice			_

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Debtor 1 Zendra Scott Shepherd			Case number (if known)	
2.2	Internal Revenue Service Priority Creditor's Name	Last 4 digits of account number	\$0.00	\$0.00
	ATTN: Bankruptcy Unit Stop 335-D, PO Box 995 Atlanta, GA 30370	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim is:	Check all that apply	
V	Vho incurred the debt? Check one.	☐ Contingent		
I	Debtor 1 only	☐ Unliquidated		
	Debtor 2 only	☐ Disputed		
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:		
	\square At least one of the debtors and another	☐ Domestic support obligations		
	\Box Check if this claim is for a community debt	■ Taxes and certain other debts you	owe the government	
ls	s the claim subject to offset?	☐ Claims for death or personal injury	while you were intoxicated	
	No	Other. Specify		
	☐Yes	Notice		
4. Lis	Yes. st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other int 2.	laim. For each claim listed, identify what t	ype of claim it is. Do not list claims alread	dy included in Part 1. If more
				Total claim
4.1	Capio Partners LLC	Last 4 digits of account number	4483	\$1,678.00
	Nonpriority Creditor's Name	_		
	Attn: Bankruptcy Po Box 3209	When was the debt incurred?	Opened 04/20	
	Sherman, TX 75090 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did	not
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	a plane, and other aimiles debte	
	■ No	·		
	☐ Yes	Other. Specify Specialists	Attorney Gwinnett Emergency	1

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Zendra Scott Shepherd Case number (if known)

Debtor	1 Zendra Scott Shepherd		Case number (if known)	
4.2	Capital One	Last 4 digits of account number	7392	\$4,777.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured Student loans	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset? ■		aration agreement or divorce that you did not	
	■ No □ Yes	Other. Specify Credit Card		
4.3	Collection Srvs of Athens, Inc Nonpriority Creditor's Name	Last 4 digits of account number	5254	\$159.00
	Attn: Bankruptcy Po Box 8048 Athens, GA 30603	When was the debt incurred?	Opened 02/20 Last Active 10/19	
•	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	Other. Specify Collection		
4.4	Collection Srvs of Athens, Inc Nonpriority Creditor's Name	Last 4 digits of account number	1657	\$146.00
	Attn: Bankruptcy Po Box 8048 Athens, GA 30603	When was the debt incurred?	Opened 07/19 Last Active 03/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	\square Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing	- :	
	Yes	Other. Specify Medical De	bt	

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4.5	Convergent Outsourcing, Inc.	Last 4 digits of account number	8881	\$674.00				
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9004 Renton, WA 98057 Number Street City State Zip Code	When was the debt incurred? As of the date you file, the claim	Opened 07/20 Last Active 07/19 s: Check all that apply					
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed						
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	Type of NONPRIORITY unsecured Student loans						
	Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	Yes	·	□ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Comcast					
4.6	Credit One Bank	Last 4 digits of account number	9843	\$1,874.00				
	Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193	When was the debt incurred?	Opened 04/14 Last Active 06/20					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply					
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans	d claim: I claim: I claim:					
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin						
	☐ Yes	Other. Specify Credit Card						
4.7	IC System, Inc Nonpriority Creditor's Name	Last 4 digits of account number	5111	\$632.00				
	Po Box 64378 Saint Paul, MN 55164	When was the debt incurred?	Opened 07/20					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply					
	Debtor 1 only	Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:					
	☐ At least one of the debtors and another☐ Check if this claim is for a community	☐ Student loans	- Od					
	debt Is the claim subject to offset?	<u></u>	ration agreement or divorce that you did not					
	No	Debts to pension or profit-sharing	g plans, and other similar debts					
	□Yes	Collection Other. Specify Anesthesic	Attorney American					

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Zendra Scott Shenherd Case number (if known)

Debto	Zendra Scott Shepherd		Case number (if known)	
4.8	NetCredit	Last 4 digits of account number	7743	\$7,382.00
	Nonpriority Creditor's Name 175 West Jackson Boulevard Suite 1000 Chicago, IL 60604	When was the debt incurred?	Opened 04/19 Last Active 4/17/20	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other. Specify Unsecured		
4.9	OneMain Financial	Last 4 digits of account number	8062	\$9,320.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3251 Evansville, IN 47731	When was the debt incurred?	Opened 01/19 Last Active 10/15/20	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Unsecured		
4.1	PNC Bank	Last 4 digits of account number	2546	\$5,571.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 94982: Mailstop Br-Yb58-01-5	When was the debt incurred?	Opened 06/17 Last Active 10/20	
	Cleveland, OH 44101 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	= -	

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Debtor	Zendra Scott Shepherd		Case n	umber (if known)			
4.1	Scratch/oneblinc	Last 4 digits of account number	3228	i I	\$2,614.00		
<u>. </u>	Nonpriority Creditor's Name				. ,		
	P.o. Box 411285 San Francisco, CA 94141	When was the debt incurred?	Oper 09/20	ned 05/20 Last Active			
	Number Street City State Zip Code	As of the date you file, the claim	is: Checl	k all that apply			
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration aç	greement or divorce that you did not			
	No	Debts to pension or profit-sharing	ng plans,	and other similar debts			
	Yes	Other. Specify Unsecured					
4.1	Wfhm	Last 4 digits of account number	1188		\$0.00		
2	Nonpriority Creditor's Name				Ψ0.00		
	Attn: Written		-	ned 08/04 Last Active			
	Correspondence/Bankruptcy Mac#2302-04e Pob 10335	When was the debt incurred?	5/08/	18			
	Des Moines, IA 50306						
•	Number Street City State Zip Code	As of the date you file, the claim	is: Checl	k all that apply			
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	debt Is the claim subject to offset?						
	No	Debts to pension or profit-sharir	na plane	and other similar debts			
			ig piaris,	and other similar debts			
	☐ Yes	Other. Specify Notice					
Part 3:	List Others to Be Notified About a Deb	ot That You Already Listed					
is tryii have r	is page only if you have others to be notified a ng to collect from you for a debt you owe to so nore than one creditor for any of the debts that d for any debts in Parts 1 or 2, do not fill out o	meone else, list the original creditor in tyou listed in Parts 1 or 2, list the add	n Parts 1	or 2, then list the collection agency	here. Similarly, if you		
Part 4:	Add the Amounts for Each Type of Un	secured Claim					
	the amounts of certain types of unsecured clai f unsecured claim.	ms. This information is for statistical r	eporting	purposes only. 28 U.S.C. §159. Add	d the amounts for each		
				Total Claim			
	6a. Domestic support obligations	·	6a.	\$0.00			
Total claims							
from Pa	rt 1 6b. Taxes and certain other debts	you owe the government	6b.	\$ 0.00			
		njury while you were intoxicated	6c.	\$ 0.00	-		
	6d. Other. Add all other priority uns	ecured claims. Write that amount here.	6d.	\$	-		
	6e. Total Priority. Add lines 6a thro	ough 6d.	6e.	\$			
				T. (
	6f. Student loans		6f.	Total Claim \$ 0.00			
Total					-		

claims

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Debtor 1 Zendra Scott Shepherd

Case number (if known)

Zenara ocott onepnera			Ouco ne	-		
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00	
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00	
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.		\$	34,827.00	
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	34,827.00	

Official Form 106 E/F

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Fill in this infor	rmation to identify your	case:		
Debtor 1	Zendra Scott She	pherd		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF GEORGIA	
Case number				
(if known)				Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	=
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	_
	•				

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		Docume	nt Page 31 o	1 60	
Fill in this i	nformation to identify your	case:			
Debtor 1	Zendra Scott She	epnera Middle Name	Last Name		
Debtor 2					
(Spouse if, filing	g) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA		
C					
Case number (if known)	er				☐ Check if this is an
,					amended filing
					3
Official	Form 106H				
		-1-4			
Schedi	ule H: Your Cod	eptors			12/15
					as possible. If two married ded, copy the Additional Page,
					f any Additional Pages, write
our name a	and case number (if known)	. Answer every question			
1. Do y	ou have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No					
☐ Yes					
2. With	in the last 8 years, have you	ı lived in a community pı	operty state or territor	v? (Community property s	tates and territories include
	, California, Idaho, Louisiana				
_					
_	Go to line 3.				
☐ Yes.	Did your spouse, former spo	use, or legal equivalent live	e with you at the time?		
3. In Colu	mn 1, list all of your codebt	ors. Do not include your	spouse as a codebtor	if your spouse is filing v	vith you. List the person shown
in line	2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make	sure you have listed the	creditor on Schedule D (Official
	06D), Schedule E/F (Official lumn 2.	Form 106E/F), or Sched	ule G (Official Form 10	6G). Use Schedule D, Sc	hedule E/F, or Schedule G to fill
out Coi	iumn z.				
_	Column 1: Your codebtor			Column 2: The credit	tor to whom you owe the debt
Na	ame, Number, Street, City, State and Z	IP Code		Check all schedules t	hat apply:
2.4				Cabadula D lina	
3.1 _N	lame			_ ☐ Schedule D, line	
.,				☐ Schedule E/F, line	
				☐ Schedule G, line	
	lumber Street			_	
С	tity	State	ZIP Code		
				Cohodula D. Car	
3.2	lame			Schedule D, line	
IN				☐ Schedule E/F, line	·
				☐ Schedule G, line	
	lumber Street			_	
С	ity	State	ZIP Code		

Schedule H: Your Codebtors

Fill	in this information to identify your c	ase:							
Del	otor 1 Zendra Sco	t Shepherd							
	otor 2				_				
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF GEORGIA						
	se number 		-				led filing nent showing	g postpetition char	oter
0	fficial Form 106l					<u></u>	<u>.</u>	mowning date.	
	chedule I: Your Inc	omo				MM / DD/	YYYY		12/15
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	ır spouse is not filing w	ith you, do not includ	le infor	mati	on about your sp	ouse. If mo	re space is need	led,
1.	Fill in your employment information.		Debtor 1	Debtor 1			Debtor 2 or non-filing spouse		
	If you have more than one job, attach a separate page with	Employment status	■ Employed			■ Emp	loyed		
	information about additional		☐ Not employed			☐ Not	☐ Not employed		
	employers.	Occupation	Mail Carrier						
	Include part-time, seasonal, or self-employed work.	Employer's name	United States Po	ice					
	Occupation may include student or homemaker, if it applies.	Employer's address	2825 Lone Oak F Eagan, MN 5512		y				
		How long employed t	here? 3 years						
Par	t 2: Give Details About Mor	nthly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	port for	any	line, write \$0 in th	e space. Inc	clude your non-filin	g
	u or your non-filing spouse have me e space, attach a separate sheet to		ombine the information	for all	emplo	oyers for that pers	on on the li	nes below. If you n	ieed
						For Debtor 1		otor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,	•		2.	\$	5,901.00	\$	0.00	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	0.00	

Official Form 106I Schedule I: Your Income page 1

5,901.00

\$

0.00

Calculate gross Income. Add line 2 + line 3.

Debtor	Zendra Scott Shepherd	_	Ca	se number (if known)			
		_		or Debtor 1		otor 2 or ng spouse	
C	Copy line 4 here	4.	\$	5,901.00	\$	0.00	-
5. L	List all payroll deductions:						
5	5a. Tax, Medicare, and Social Security deductions	5a.	\$	1,632.00	\$	0.00	_
	5b. Mandatory contributions for retirement plans	5b.		0.00	\$	0.00	-
	5c. Voluntary contributions for retirement plans	5c.		0.00	\$	0.00	
	5d. Required repayments of retirement fund loans	5d.		0.00	\$	0.00	-
	5e. Insurance	5e.		0.00	\$	0.00	=
	5f. Domestic support obligations 5g. Union dues	5f.	\$ \$	0.00	\$	0.00	-
	5g. Union dues 5h. Other deductions. Specify:	5g. 5h.		59.00 0.00	·	0.00	-
					· · · · · · · · · · · · · · · · · · ·		-
	Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,691.00	\$	0.00	-
7. C	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,210.00	\$	0.00	
	List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	90	c	0.00	¢	0.00	
o	monthly net income. Bb. Interest and dividends	8a. 8b.	\$ \$	0.00	\$	0.00	
	Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		\$	0.00	\$ \$	0.00	-
8	Bd. Unemployment compensation	8d.	\$	0.00	\$	0.00	-
8	Be. Social Security	8e.	\$	0.00	\$	0.00	-
	Ofther government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	e 8f. 8g.	\$	0.00	\$ \$	0.00 0.00	-
8	Bh. Other monthly income. Specify:	8h	+ \$	0.00	+ \$	0.00	
9. A	Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.00	\$	0.00	D
10 (Calculate monthly income. Add line 7 + line 9.	10. \$:	4,210.00 + \$	0	.00 = \$	4,210.00
	Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.		-4,210.00 · Ψ_		<u></u>	4,210.00
11. S	State all other regular contributions to the expenses that you list in Schedul include contributions from an unmarried partner, members of your household, you other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not specify:	ır deper			ed in Sche	edule J. 11. +\$	0.00
V	Add the amount in the last column of line 10 to the amount in line 11. The re Write that amount on the Summary of Schedules and Statistical Summary of Certa applies				a, if it	12. \$	4,210.00
13.	Do you expect an increase or decrease within the year after you file this form No.	n?				Combir monthly	y income

Official Form 106I Schedule I: Your Income

page 2

E:11	in this info	tion to identify		<u> </u>						
FIII	in this informa	tion to identify yo	our case:							
Deb	tor 1	Zendra Scott	Shephe	rd				if this is:		
Deb	tor 2							in amended filing I supplement show	ving postpetition chapte	r
(Spo	ouse, if filing)					_			the following date:	
Unit	ed States Bankr	ruptcy Court for the:	NORTH	IERN DISTRICT OF G	EORGIA		N	MM / DD / YYYY		
Cas	e number									
(If kı	nown)									
Of	fficial Fo	rm 106J								
		J: Your I	Evnor	1606					12	/15
Be info	as complete a	and accurate as	possible eded, atta	. If two married peopl ch another sheet to t					r supplying correct	<u>/10</u>
Par		ibe Your House	hold							
1.	Is this a joir									
	■ No. Go to	line 2. s Debtor 2 live i	n a separ	ate household?						
	□N		•							
	□ Y	es. Debtor 2 mus	t file Offici	al Form 106J-2, <i>Exper</i>	nses for Separate Ho	ousehold of [Debto	or 2.		
2.	Do you have	e dependents?	□ No							
	Do not list Do Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent			-	Dependent's age	Does dependent live with you?	
	Do not state	the							□ No	
	dependents	names.			son			20	■ Yes	
									□ No	
									☐ Yes ☐ No	
									☐ Yes	
									□ No	
									☐ Yes	
3.		enses include		No						
		f people other th d your depender		Yes						
exp	imate your ex		our bankr	uptcy filing date unles					pter 13 case to report f the form and fill in th	
the	value of such	n assistance and		government assistan cluded it on <i>Schedule</i>				Your expe	ansas	
(Off	ficial Form 10	וסו.)						Tour expe	J11303	
4.		or home ownersl and any rent for the		ses for your residenc or lot.	ce. Include first morto	gage 4	. \$		1,515.00	
	If not includ	led in line 4:								
	4a. Real e	estate taxes				4a	ı. \$		0.00	
	4b. Prope	rty, homeowner's	s, or renter	's insurance		4b	. \$		0.00	
				pkeep expenses			:. \$		0.00	
E		owner's associati		dominium dues our residence, such as	homo oquity loose		l. \$ 5. \$		0.00	
J.			anta IUI V(zur residence, SUCD 29	S DOME EQUITY TOAMS				11 (11)	

Debtor 1	Zendra Scott Shept	<u>iera</u>	Case num	ber (if known)	
6. Util	ties:				
6a.	Electricity, heat, natural	gas	6a.	\$	120.00
6b.	Water, sewer, garbage	•	6b.		85.00
6c.		Internet, satellite, and cable services	6c.	\$	705.00
6d.	Other. Specify:	miorio, catomic, and capie contiece	6d.	\$	0.00
	d and housekeeping su	nnlies	7.	\$	500.00
	dcare and children's ed	• •	8.	\$	0.00
	hing, laundry, and dry o		9.	\$	140.00
	sonal care products and	=	10.	· -	-
	•			·	120.00
	ical and dental expense		11.	\$	50.00
	isportation. Include gas, not include car payments.	maintenance, bus or train fare.	12.	\$	240.00
	' '	ation, newspapers, magazines, and books	13.	\$	0.00
	ritable contributions an	a religious donations	14.	\$	0.00
	rance.	ucted from your pay or included in lines 4 or 20	n		
	Life insurance ded	acted from your pay or included in lines 4 of 20	J. 15a.	\$	0.00
	Health insurance		15a. 15b.		0.00
				·	
	Vehicle insurance		15c.	\$	120.00
	Other insurance. Specify		15d.	\$	0.00
		leducted from your pay or included in lines 4 c		•	
	cify:		16.	\$	0.00
	allment or lease paymer			•	
	Car payments for Vehic		17a.	· <u> </u>	550.00
	Car payments for Vehic	le 2	17b.	\$	0.00
17c	Other. Specify:		17c.	\$	0.00
17d	Other. Specify:		17d.	\$	0.00
		maintenance, and support that you did not		Φ.	0.00
		line 5, Schedule I, Your Income (Official Fo	rm 106l). 18.	·	0.00
		o support others who do not live with you.		\$	0.00
	cify:		19.		
		es not included in lines 4 or 5 of this form o			
20a	Mortgages on other pro	perty	20a.		0.00
20b	Real estate taxes		20b.	\$	0.00
20c	Property, homeowner's	, or renter's insurance	20c.	\$	0.00
20d	Maintenance, repair, ar	nd upkeep expenses	20d.	\$	0.00
	Homeowner's associati		20e.	\$	0.00
	er: Specify:			+\$	0.00
. 50				.Ψ	0.00
2. Cal	ulate your monthly exp	enses			
22a	Add lines 4 through 21.			\$	4,145.00
22b	Copy line 22 (monthly ex	penses for Debtor 2), if any, from Official Form	n 106J-2	\$	
220	Add line 22a and 22h T	he result is your monthly expenses.		\$	4,145.00
	LEG GIN LED. 1				т, і т
	ulate your monthly net				_
23a	Copy line 12 (your com	bined monthly income) from Schedule I.	23a.	\$	4,210.00
23b	Copy your monthly exp	enses from line 22c above.	23b.	-\$	4,145.00
					,
23c	c. Subtract your monthly expenses from your monthly income.		23c.		0E 00
	The result is your monthly net income.			\$	65.00
	•				
		or decrease in your expenses within the ye			
		sh paying for your car loan within the year or do you	expect your mortgage	payment to increas	se or decrease because of
_	fication to the terms of your r	юпдаде?			
Пν	es Explain here	e:			

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	nation to identify your			
Debtor 1	Zendra Scott She			
Debtor 2 (Spouse if, filing)	First Name	Middle Name Middle Name	Last Name Last Name	
United States Bar	nkruptcy Court for the:	NORTHERN DIST	FRICT OF GEORGIA	
Casa number	. ,	_		
Case number				☐ Check if this is an amended filing
Official Fo	rm 100			
		n far India	viduala Filina Undar Chan	10×7
Statemer	it of intentio	n for inaly	riduals Filing Under Chapt	ter / 12/15
If you are an indi	vidual filing under chap	oter 7, you must fil	l out this form if:	
creditors have	claims secured by yo	ur property, or		
	ed personal property a			ant for the mosting of areditors
	ver is earlier, unless th		you file your bankruptcy petition or by the date e time for cause. You must also send copies to t	
	ople are filing together d date the form.	in a joint case, bo	th are equally responsible for supplying correct	information. Both debtors must
Be as complete a	and accurate as possib	le. If more space is	s needed, attach a separate sheet to this form. O	n the top of any additional pages,
	our name and case nun		,	, , , , , , , , , , , , , , , , , , , ,
Part 1: List Yo	our Creditors Who Have	Secured Claims		
1. For any credito	ors that you listed in Pa	ert 1 of Schedule D	: Creditors Who Have Claims Secured by Prope	rty (Official Form 106D), fill in the
information be	-		What do you intend to do with the property th	- , , , , , , , , , , , , , , , , , , ,
identity the cre	and the property to	iat is conateral	secures a debt?	as exempt on Schedule C?
Creditor's C	arMax Auto Finance		☐ Surrender the property.	□No
name:			Retain the property and redeem it.	■ Va-a
Description of	2016 Infinity Q70L	60000 miles	Retain the property and enter into a Reaffirmation Agreement.	■ Yes
property			☐ Retain the property and [explain]:	
securing debt:				<u></u>
Part 2: List Yo	our Unexpired Persona	Property Leases		
For any unexpire	d personal property lea	ase that you listed	in Schedule G: Executory Contracts and Unexp expired leases are leases that are still in effect;	
			the trustee does not assume it. 11 U.S.C. § 365(p	
Describe your u	nexpired personal prop	perty leases		Will the lease be assumed?
_	nonprior personal prop			The state of the s
Lessor's name: Description of lea	ised			□ No
Property:				☐ Yes
Lessor's name:				□ No
Description of lea	sed			□ NO
Property:				☐ Yes
Lessor's name:				□ No

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Del	otor 1	Zendra Scott Shepherd	Case number (if known	1)
	scription perty:	n of leased		
FIU	репу.			☐ Yes
Les	sor's n	ame:		□ No
		n of leased		_
PIO	perty:			☐ Yes
Les	sor's n	ame:		□ No
	•	n of leased		<u>_</u>
Pro	perty:			☐ Yes
	sor's n			□ No
	•	n of leased		_
PIO	perty:			☐ Yes
	sor's n			□ No
		n of leased		_
FIU	perty:			☐ Yes
Par	t 3:	Sign Below		
		alty of perjury, I declare that I have indicat nat is subject to an unexpired lease.	ted my intention about any property of my estate that s	ecures a debt and any personal
Х	/s/ Z	endra Scott Shepherd	X	
		Ira Scott Shepherd	Signature of Debtor 2	
	Signa	ture of Debtor 1		
	Date	11/19/2020	Date	

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Fill in this infor	mation to identify your	case:		
Debtor 1	Zendra Scott She	pherd		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA	
Case number _ (if known)				☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 26.530.00 1c. Copy line 63, Total of all property on Schedule A/B..... 26,530.00 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 25.770.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... 34,827.00 Your total liabilities 60.597.00 Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 4,210.00 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 4,145.00 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? □ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Debtor 1 Zendra Scott Shepherd

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____5,901.09

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total clain	n
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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Fill in this infor	rmation to identify your	case:			
Debtor 1	Zendra Scott She	•			
Debter 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	Γ OF GEORGIA		
Case number					
(if known)					☐ Check if this is an amended filing
	tion About a	an Individual			12/15
lf two married p	eople are filing togethe	r, both are equally respo	onsible for supplying c	orrect information.	
obtaining mone		n connection with a ban			ment, concealing property, or 0, or imprisonment for up to 20
Sig	ın Below				
Did you pa	ay or agree to pay some	eone who is NOT an atto	rney to help you fill ou	t bankruptcy forms?	
■ No					
☐ Yes.	Name of person				ruptcy Petition Preparer's Notice, and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sun	nmary and schedules f	iled with this declaratio	n and
X /s/ Zer	ndra Scott Shepherd		X		
Zendr	a Scott Shepherd ure of Debtor 1			of Debtor 2	
Date	11/19/2020		Date		

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Georgia

In re	Zendra Scott Shepherd		Case No.	
		Debtor(s)	Chapter	7
	DISCLOSURE OF COMPENSATION	ON OF ATTORNE	Y FOR DE	EBTOR(S)
(Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certi compensation paid to me within one year before the filing of the per rendered on behalf of the debtor(s) in contemplation of or in co	etition in bankruptcy, or agr	reed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	1,100.00
	Prior to the filing of this statement I have received		\$	0.00
	Balance Due		\$	1,100.00
2.	75.00 of the filing fee has been paid.			
3.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5.	■ I have not agreed to share the above-disclosed compensation v	with any other person unless	thay are mam	hars and associates of my law firm
	☐ I have agreed to share the above-disclosed compensation with copy of the agreement, together with a list of the names of the In return for the above-disclosed fee, I have agreed to render legal	people sharing in the comp	ensation is atta	ched.
1	a. Analysis of the debtor's financial situation, and rendering advices. Representation of the debtor at the meeting of creditors and conce. [Other provisions as needed] Stop Creditor Action Lien Avoidances Filing of Pre-Discharge Financial Counseling Ce Exemption planning; preparation and filing of reand filing of motions pursuant to 11 USC 522(f)(2)	nfirmation hearing, and any rtificate affirmation agreements	adjourned hea	rings thereof; tions as needed; preparation
7.]	By agreement with the debtor(s), the above-disclosed fee does not Representation of the debtors in any dischargea any other adversary proceeding.	include the following service bility actions, judicial lie	ce: en avoidance	es, relief from stay actions or
	CERT	FICATION		
	I certify that the foregoing is a complete statement of any agreeme ankruptcy proceeding.	nt or arrangement for paym	ent to me for re	epresentation of the debtor(s) in
1.	1/19/2020	/s/ Lorena L. Saedi		
\overline{D}	ate	Lorena L. Saedi 62207	2	
		Signature of Attorney Saedi Law Group, LLC		
		3006 Clairmont Road,	Ste. 103	
		Atlanta, GA 30329 404-889-8663 Fax: 888	3-850-177 4	
		Isaedi@saedilawgroup		
		Name of law firm	·	
Date	11/19/2020 Signature	/s/ Zendra Scott Shep	herd	
Duit	Signature	Zendra Scott Shephe		
		Debtor		

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In re	Zendra Scott Shepherd	Case No.	
	Debtor(s)		

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

Other Provisions:

Client wishes to file a petition under Chapter 7 of the Bankruptcy Code. Client is unable to pay the Attorney fee in full prior to filing the case.

Client has agreed to allow the Attorney fee to be paid in installments commencing approximately one month after filing. Client acknowledges that

there is a split of authority nationwide regarding the propriety of accepting post-petition payments for Chapter 7 attorney fees. Client further acknowledges

that the Northern District of Georgia is in the minority of the Courts that does allow these post-petition payments.

Client agrees that the fees shall be debited from Client's bank account at a set amount each month and continuing until paid in full.

Client agrees that if garnished funds are recovered by Attorney, those funds shall first be applied to the balance owed on Attorney fees and the remainder will be paid to the Client. Client agrees to cooperate in the processing of any check regarding the recovered funds

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United States Bankruptcy Court Northern District of Georgia

		Northern District of Georgia		
In re	Zendra Scott Shepherd		Case No.	
		Debtor(s)	Chapter	7
	VEI	RIFICATION OF CREDITOR MA	ATRIX	
	, 22			
The ab	ove-named Debtor hereby verifie	es that the attached list of creditors is true and correct	ct to the best	of his/her knowledge.
Date:	11/19/2020	/s/ Zendra Scott Shepherd		
		Zendra Scott Shenhard		

Signature of Debtor

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquid	ation
\$24	5 filing fee	
\$7	5 administ	rative fee
+ \$1	5 trustee s	<u>urcharge</u>
\$33	5 total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Fill in this inf	ormation to identify your case:				x only as d	irected in this form and	in Form
Debtor 1	Zendra Scott Shepherd		123	2A-1Supp:			
Debtor 2 (Spouse, if filing)				☐ 1. There	is no pres	umption of abuse	
	s Bankruptcy Court for the: Northern District of	of Georgia		■ 2. The c	alculation t	o determine if a presur	nption of abuse
Officed States	s Bankruptcy Court for the. Northern District C	i Georgia				nade under <i>Chapter 7 i</i> icial Form 122A-2).	Means Test
Case numbe (if known)			_	☐ 3. The N	Neans Test	does not apply now be service but it could ap	
						n amended filing	pry later.
Official	Form 122A - 1			- Oncor	11 ti 113 13 ti	ir amenaca ming	
	r 7 Statement of Your Cur	rent Mor	othly Inc	ome			04/20
attach a separ case number (qualifying mili	e and accurate as possible. If two married people at sheet to this form. Include the line number to vif known). If you believe that you are exempted fro tary service, complete and file Statement of Exempted Calculate Your Current Monthly Income	vhich the addition m a presumption	nal information a of abuse becau	applies. On se you do n	the top of a	ny additional pages, writ narily consumer debts o	te your name and or because of
	<u> </u>						
_	s your marital and filing status? Check one or married. Fill out Column A. lines 2-11.	ily.					
_	ried and your spouse is filing with you. Fill o	ut both Columns	A and B. lines	2 11			
	ried and your spouse is NOT filing with you.		·	2-11.			
_	iving in the same household and are not lega	•	•	lumns A ar	nd Blines 3	D-11	
	ving separately or are legally separated. Fill	• •			•		ı declare under
р	enalty of perjury that you and your spouse are living apart for reasons that do not include evadii	egally separated	l under nonban	kruptcy lav	v that applie	es or that you and your	
101(10A). F the 6 month	average monthly income that you received from all For example, if you are filing on September 15, the 6-m ns, add the income for all 6 months and divide the total on the same rental property, put the income from that p	nonth period would I by 6. Fill in the res	be March 1 throught. Do not include	ugh August 3 de any incom	31. If the amone amount m	ount of your monthly incon ore than once. For examp	ne varied during le, if both
				Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
	ross wages, salary, tips, bonuses, overtime, deductions).	and commissio	ons (before all	\$5	,901.09	\$	
	y and maintenance payments. Do not include B is filled in.	payments from	a spouse if	\$	0.00	\$	
of you from an and roo	ounts from any source which are regularly pa or your dependents, including child support unmarried partner, members of your household mmates. Include regular contributions from a sp Do not include payments you listed on line 3.	 Include regular your depender 	contributions nts, parents,	\$	0.00	\$	
5. Net inc	ome from operating a business, profession,						
			tor 1				
	eceipts (before all deductions)	\$ 0.00 -\$ 0.00					
	y and necessary operating expenses nthly income from a business, profession, or far	0.00	Copy here ->	\$	0.00	\$	
	ome from rental and other real property	П Ф	оор, г	<u> </u>			
O. HULLING	one from fortal and other real property	Deb	tor 1				
Gross r	eceipts (before all deductions)	\$ 0.00					
Ordinar	y and necessary operating expenses	-\$ 0.00					
Net mo	nthly income from rental or other real property	\$ 0.00	Copy here ->	\$	0.00	\$	
7. Interes	t, dividends, and royalties			\$	0.00	\$	

Official Form 122A-1

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	Zendra Scott Shepherd		Case numb	er (<i>if known</i>)			
			Column A Debtor 1		Column B Debtor 2 c		
Un	nemployment compensation		\$	0.00	\$		
	o not enter the amount if you contend that the e Social Security Act. Instead, list it here:	e amount received was a benefit und	er				
	For your oppose						
Pe ber not Un dis pay doe if re	For your spouse ension or retirement income. Do not include the fit under the Social Security Act. Also, except include any compensation, pension, pay, a nited States Government in connection with a sability, or death of a member of the uniformery paid under chapter 61 of title 10, then includes not exceed the amount of retired pay to wretired under any provision of title 10 other the	e any amount received that was a cept as stated in the next sentence, dinnuity, or allowance paid by the a disability, combat-related injury or ed services. If you received any retire ude that pay only to the extent that it which you would otherwise be entitled an chapter 61 of that title.	ed d \$	0.00	\$		
Do und cor crir cor Go dea	come from all other sources not listed about not include any benefits received under the detrethe Federal law relating to the national ender the National Emergencies Act (50 U.S.Coronavirus disease 2019 (COVID-19); paymetime, a crime against humanity, or internation of pension, pay, annuity, or allowate overnment in connection with a disability, corteath of a member of the uniformed services. In parate page and put the total below	e Social Security Act; payments made emergency declared by the President c. 1601 et seq.) with respect to the ents received as a victim of a war all or domestic terrorism; or ance paid by the United States mbat-related injury or disability, or	9				
	·		\$	0.00	\$		
			\$	0.00	\$		
	Total amounts from separate pages, i	f any.	+ \$	0.00	\$		
	alculate your total current monthly income ich column. Then add the total for Column A		5,901.09	+ \$		= \$5,9	01.09
t 2:	Determine Whether the Means Test A	_				Total currer income	t month
		Applies to You					it month!
. Ca	Determine Whether the Means Test And alculate your current monthly income for the care. Copy your total current monthly income from the care of the copy your total current monthly income from the care of the ca	Applies to You the year. Follow these steps:	Cop	by line 11	nere=>	income	
. Ca	alculate your current monthly income for	Applies to You the year. Follow these steps:	Сор	by line 11	here=>	income	
. Ca	alculate your current monthly income for the company of the compan	Applies to You the year. Follow these steps: rom line 11	Сор	by line 11	here=> 121	\$ 5,9	01.09
. Ca 12a 12l	alculate your current monthly income for the care copy your total current monthly income from Multiply by 12 (the number of months in a	Applies to You the year. Follow these steps: rom line 11 year) part of the form	Сор	by line 11		\$ 5,9	01.09
. Ca 12a 12l	Palculate your current monthly income for the care. Copy your total current monthly income from Multiply by 12 (the number of months in a care). The result is your annual income for this part of the care of the	Applies to You the year. Follow these steps: rom line 11 year) part of the form	Сор	by line 11		\$ 5,9	01.09
. Ca 12: 12: . Ca Fill	alculate your current monthly income for the care copy your total current monthly income from Multiply by 12 (the number of months in a care). The result is your annual income for this particulate the median family income that apparents.	Applies to You the year. Follow these steps: rom line 11 year) part of the form plies to you. Follow these steps: GA	Сор	by line 11		\$ 5,9	01.09
12i 12i 12i Fill Fill To	Palculate your current monthly income for the car. Copy your total current monthly income from Multiply by 12 (the number of months in a cab. The result is your annual income for this palculate the median family income that applied in the state in which you live.	Applies to You the year. Follow these steps: rom line 11 a year) part of the form plies to you. Follow these steps: GA 2 and size of household. punts, go online using the link specifies			121	\$ 5,9 x 12 5,0 \$ 70,8	01.09
12d 12d 12d 12d Fill Fill To for	alculate your current monthly income for the care. Copy your total current monthly income from Multiply by 12 (the number of months in a care). The result is your annual income for this palculate the median family income that applicate the state in which you live. If in the number of people in your household. If in the median family income for your state as of find a list of applicable median income amo	Applies to You the year. Follow these steps: rom line 11 a year) part of the form plies to you. Follow these steps: GA 2 and size of household. punts, go online using the link specifies			121	\$ 5,9 x 12 5,0 \$ 70,8	01.09
12i 12i . Ca Fill Fill To for	alculate your current monthly income for the case. Copy your total current monthly income from Multiply by 12 (the number of months in a leb. The result is your annual income for this palculate the median family income that applicate the state in which you live. If in the number of people in your household. If in the median family income for your state a leb find a list of applicable median income amount this form. This list may also be available at leb to the lines compare?	Applies to You the year. Follow these steps: rom line 11 payear) part of the form plies to you. Follow these steps: GA 2 and size of household. punts, go online using the link specifies the bankruptcy clerk's office. ne 13. On the top of page 1, check be	ed in the separ	rate instruc	12t 13. tions	\$ 5,9 x 12 5.0. \$ 70,8	01.09
12I 12I Ca Fill Fill To for Ho	alculate your current monthly income for the care. Copy your total current monthly income for the care. Copy your total current monthly income for Multiply by 12 (the number of months in a care. The result is your annual income for this particulate the median family income that applied in the state in which you live. If in the number of people in your household. If in the median family income for your state a particulate in the median family income for your state and find a list of applicable median income amount in this form. This list may also be available at the compare? It is a line 12b is less than or equal to line Go to Part 3. Do NOT fill out or file the line 12b is more than line 13. On	Applies to You the year. Follow these steps: rom line 11 a year) part of the form plies to you. Follow these steps: GA 2 and size of household. punts, go online using the link specifies the bankruptcy clerk's office. ne 13. On the top of page 1, check be official Form 122A-2. the top of page 1, check box 2, The page 1, check box 2, T	ed in the separ ox 1, <i>There is</i>	rate instruc	12l 13. tions aption of abus	\$ 5,9 x 12 5.0 \$ 70,8	01.09
12a	Alculate your current monthly income for the care. Copy your total current monthly income for the care. Copy your total current monthly income for the care. Copy your total current monthly income for Multiply by 12 (the number of months in a care. The result is your annual income for this particulate the median family income that applicate the state in which you live. If in the number of people in your household. If in the median family income for your state a copy of the form. This list may also be available at the copy of the lines compare? It is copy do the lines compare? It is copy of the lines compare?	Applies to You the year. Follow these steps: rom line 11 a year) part of the form plies to you. Follow these steps: GA 2 and size of household. punts, go online using the link specifies the bankruptcy clerk's office. ne 13. On the top of page 1, check be official Form 122A-2. the top of page 1, check box 2, The page 1, check box 2, T	ed in the separ ox 1, <i>There is</i>	rate instruc	12l 13. tions aption of abus	\$ 5,9 x 12 5.0 \$ 70,8	01.09

Zendra Scott Shepherd
Official Form 122A-1

Debtor 1	Zendra Scott Shepherd	Case number (if known)	
	Signature of Debtor 1		
Da	ate 11/19/2020 MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form		

Fill in this information to identify your case:	Check the appropriate box as directed in				
Debtor 1 Zendra Scott Shepherd	lines 40 or 42:				
Debtor 2	According to the calculations required by this Statement:				
(Spouse, if filing)	■ 1. There is no presumption of abuse.				
United States Bankruptcy Court for the: Northern District of Georgia	1. I nere is no presumption or abuse.				
Case number	☐ 2. There is a presumption of abuse.				
(if known)	☐ Check if this is an amended filing				
Official Form 122A - 2	Crieck it this is an amended himly				
Chapter 7 Means Test Calculation	04/19				
To fill out this form, you will need your completed copy of Chapter 7 Stateme	nt of Your Current Monthly Income (Official Form 122A-1)				
Be as complete and accurate as possible. If two married people are filing tog space is needed, attach a separate sheet to this form, Include the line numbe additional pages, write your name and case number (if known). Part 1: Determine Your Adjusted Income					
Copy your total current monthly income. Copy line 11 fr	om Official Form 122A-1 here=> \$ 5,901.09				
2. Did you fill out Column B in Part 1 of Form 122A-1?					
■ No. Fill in \$0 for the total on line 3.					
☐ Yes. Is your spouse Filing with you?					
☐ No. Go to line 3.					
☐ Yes. Fill in \$0 for the total on line 3.					
Adjust your current monthly income by subtracting any part of your spondousehold expenses of you or your dependents. Follow these steps:	ouse's income not used to pay for the				
On line 11, Column B of Form 122A–1, was any amount of the income you re expenses of you or your dependents?	eported for your spouse NOT regularly used for the household				
■ No. Fill in 0 for the total on line 3.					
☐ Yes. Fill in the information below:					
State each purpose for which the income was used	Fill in the amount you				
For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.	are subtracting from your spouse's income				
support other than you or your dependents.	\$				
	·				
	\$				
	\$				
Total.	\$ 0.00				
	Copy total here=> \$ 0.00				
	- \$ 0.00				
4. Adjust your current monthly income. Subtract line 3 from line 1.	\$ 5,901.09				

Official Form 122A-2

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Debtor 1 Zendra Scott Shepherd Case number (if known)

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted fro your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from in income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the from refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 1,298.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person \$ 56.00
- 7b. Number of people who are under 65 X 2
- 7c. Subtotal. Multiply line 7a by line 7b. \$ 112.00 Copy here=> \$ 112.00

People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person \$ 125.00
- 7e. Number of people who are 65 or older X 0
- 7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy here=> +\$ 0.00

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Debtor 1 Zendra Scott Shepherd

Case number (if known)

Loc	al Sta	andards	You mus	st use the IRS	Local Standards to	answer	the questions	s in lin	es 8-15.				
				the IRS, the two parts:	U.S. Trustee Progr	ram has	divided the	IRS L	ocal Standa	ard for housi	ng for		
		•			operating expensent expenses	es							
To a	answ	er the qu	estions in	n lines 8-9, us	e the U.S. Trustee	Program	m chart.						
					pecified in the sepa kruptcy clerk's offic		ructions for th	nis forr	n.				
8.					nd operating experunty for insurance a						e 5, fill \$		665.00
9.	Hou	ising and	utilities -	Mortgage or	rent expenses:								
	9a.				entered in line 5, fill ge or rent expenses					\$ 1	,477.00		
	9b.	Total ave	erage mon	nthly payment	for all mortgages ar	nd other	debts secure	d by y	our home.				
	To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.												
		Name of	the credito	or			erage month yment	ly					
		-NONE-	•			\$							
				Total averaç	je monthly payment	\$	•	0.00	Copy here=>	-\$	0.00	Repeat this amount on line 33a.	
	9c.	Net mort	gage or re	ent expense.									
					nonthly payment) fro s less than \$0, ente				\$	1,477.00	Copy here=>	\$	1,477.00
10.					rogram's division of thly expenses, fill					g is incorrec	t and	\$	0.00
	Ex	plain why:											
11.	Loc	al transpo	ortation e	xpenses: Ch	eck the number of v	ehicles f	or which you	claim	an ownersh	ip or operatin	g expense.		
	□ o). Go to lin	e 14.										
	1	. Go to lin	e 12.										
	□ 2	or more.	Go to line	12.									

Official Form 122A-2

12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the

operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.

231.00

\$

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	Documen	it Paye 34 U	00			
Debtor 1	Zendra Scott Shepherd		Case number	r (if known)		
	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan of more than two vehicles.					
Vel	Describe Vehicle 1: 2016 Infinity Q70L 6000	0 miles				
13a.	Ownership or leasing costs using IRS Local Standard		\$	521.00		
13b.	Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.					
	To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 month bankruptcy. Then divide by 60.		t			
	Name of each creditor for Vehicle 1	Average monthly payment				
	CarMax Auto Finance	\$ 429.50				
	Total Average Monthly Payment	\$429.50	Copy here =>	-\$429.	Repeat this amount on line 33b.	
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this amount is less than \$0,	enter \$0.	\$	91.50	Copy net Vehicle 1 expense here => \$	91.50
Vel	nicle 2 Describe Vehicle 2:					
13d.	Ownership or leasing costs using IRS Local Standard		\$	0.00		
13e.	Average monthly payment for all debts secured by Vehicle 2. leased vehicles.	Do not include costs for				
	Name of each creditor for Vehicle 2	Average monthly payment				
		\$				
	Total Average Monthly Payment	\$	Copy here => -\$	0.00	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this amount is less than \$0,	enter \$0	\$	0.00	Copy net Vehicle 2 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles in Transportation expense allowance regardless of whether you			lards, fill in the F] Public \$	0.00
15.	Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in who to claim more than the IRS Local Standard for <i>Public Transp</i>	hat you believe is the ap				0.00

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Debtor 1 Zendra Scott Shepherd Case number (if known)

Oth	ther Necessary Expenses In addition to the expense deductions listed above, you are allowed you the following IRS categories.	our monthly expenses for	or	
16.	6. Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly ar your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expect and subtract that number from the total monthly amount that is withheld to pay for taxes.	mount withheld from		
	Do not include real estate, sales, or use taxes.		\$	1,632.30
17.	Involuntary deductions: The total monthly payroll deductions that your job requires, such as retire contributions, union dues, and uniform costs.	ement		
	Do not include amounts that are not required by your job, such as voluntary 401(k) contributions of	r payroll savings.	\$	59.17
18.	8. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two n filing together, include payments that you make for your spouse's term life insurance. Do not include insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance.	de premiums for life	\$	0.00
19.	 Court-ordered payments: The total monthly amount that you pay as required by the order of a co administrative agency, such as spousal or child support payments. 	ourt or		
	Do not include payments on past due obligations for spousal or child support. You will list these ob	oligations in line 35.	\$	0.00
20.	0. Education : The total monthly amount that you pay for education that is either required:			
	as a condition for your job, or			
	for your physically or mentally challenged dependent child if no public education is available for	similar services.	\$	0.00
21.	1. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nurs	sery, and preschool.		0.00
	Do not include payments for any elementary or secondary school education.		\$	0.00
22.	 Additional health care expenses, excluding insurance costs: The monthly amount that you pa that is required for the health and welfare of you or your dependents and that is not reimbursed by by a health savings account. Include only the amount that is more than the total entered in line 7. 	,		
	Payments for health insurance or health savings accounts should be listed only in line 25.		\$	0.00
23.	3. Optional telephone and telephone services: The total monthly amount that you pay for telecomfor you and your dependents, such as pagers, call waiting, caller identification, special long distance phone service, to the extent necessary for your health and welfare or that of your dependents or for income, if it is not reimbursed by your employer.	ce, or business cell		
	Do not include payments for basic home telephone, internet and cell phone service. Do not include expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously		+\$	0.00
24.	 Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. 		\$	5,565.97

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Debtor 1 Zendra Scott Shepherd Case number (if known)

Add	Additional Expense Deductions These are additional deductions allowed by the Means Test.							
	Note: Do not include any expense allowances listed in lines 6-24.							
25.	Health insurance, disability insurance, and health savingurance, disability insurance, and health savings accourance your dependents.							
	Health insurance	\$0.00						
	Disability insurance	\$0.00						
	Health savings account	+ \$0.00						
	Total	\$	Copy total here=>	\$	0.00			
	Do you actually spend this total amount?							
	□ No. How much do you actually spend? ✓ Yes	\$						
	Continued contributions to the care of household or continue to pay for the reasonable and necessary care at your household or member of your immediate family who include contributions to an account of a qualified ABLE pr	family members. The nd support of an elderly is unable to pay for su rogram. 26 U.S.C.§ 529	v, chronically ill, or disabled member of ch expenses. These expenses may PA(b).	\$	0.00			
27.	Protection against family violence. The reasonably necesafety of you and your family under the Family Violence Family Violen							
	By law, the court must keep the nature of these expenses	s confidential.		\$	0.00			
28.	Additional home energy costs. Your home energy cost line 8.	ts are included in your i	nsurance and operating expenses on					
	If you believe that you have home energy costs that are real, then fill in the excess amount of home energy costs.	more than the home en	ergy costs included in expenses on line					
	You must give your case trustee documentation of your a amount claimed is reasonable and necessary.	actual expenses, and yo	ou must show that the additional	\$	0.00			
29.	Education expenses for dependent children who are \$170.83* per child) that you pay for your dependent child public elementary or secondary school.							
	You must give your case trustee documentation of your a claimed is reasonable and necessary and not already acceptance.							
	* Subject to adjustment on 4/01/22, and every 3 years aft	ter that for cases begur	on or after the date of adjustment.	\$	0.00			
30.	Additional food and clothing expense. The monthly an higher than the combined food and clothing allowances in than 5% of the food and clothing allowances in the IRS N	n the IRS National Star						
	To find a chart showing the maximum additional allowand instructions for this form. This chart may also be available							
	You must show that the additional amount claimed is rea-	sonable and necessary	' .	\$	0.00			
31.	Continuing charitable contributions. The amount that instruments to a religious or charitable organization. 26 U		stribute in the form of cash or financial	+\$	0.00			
32.	Add all of the additional expense deductions. Add lines 25 through 31.			\$	0.00			

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Debtor 1 Zendra Scott Shepherd Case number (if known)

Dedu	uctions for Debt Payment					
lo To	oans, and other secured debt, fill in	payment, add all amounts that are contractually d				
Ci	Mortgages on your home:	or bankruptcy. Then divide by 66.				verage monthly
33a.	Copy line 9b here			=	:> \$	0.00
	Loans on your first two vehicles:					
33b.	Copy line 13b here			=	:> \$	429.50
33c.					:> \$	0.00
33d.	List other secured debts:					
Name	e of each creditor for other secured debt	Identify property that secures the debt		Does payment include taxes of insurance?		
				□ No		
	-NONE-			□ Yes	\$	
					Ψ	
				□ No		
				☐ Yes	\$	
				□ No		
				☐ Yes	+\$	
					.Ψ Γ	
33e.	Total average monthly payment. Add	lines 33a through 33d	\$	429.50	Copy total here=>	\$\$29.50
		33 secured by your primary residence, a vehic support or the support of your dependents?	le,		_	
	No. Go to line 35.					
		ust pay to a creditor, in addition to the payments ession of your property (called the <i>cure amount</i>). he information below.				
Nam	ne of the creditor	Identify property that secures the debt		Total cure amount		Monthly cure amount
-NO	ONE-		\$	÷	-60 = \$	
		Tota	I \$	0.00	Copy total here=>	\$
		as a priority tax, child support, or alimony - thou bankruptcy case? 11 U.S.C. § 507.	nat		_	
	No. Go to line 36.					
		of these priority claims. Do not include current or as those you listed in line 19.				
	Total amount of all past-due	priority claims	\$	0.00	÷ 60 =	\$ 0.00

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Debtor 1	Zeno	dra Scott Shepherd			Case	number (<i>if known</i>)			
F	or more	eligible to file a case under Chap information, go online using the linguistry of this form. Bankruptcy Basics	nk for <i>Bankruptcy Ba</i> s	s <i>ics</i> specifie					
	No.	Go to line 37.							
	_	Fill in the following information.							
		Projected monthly plan payment	f you were filing unde	er Chapter 1	13 \$				
		Current multiplier for your district Administrative Office of the Unite and North Carolina) or by the Exe (for all other districts).	d States Courts (for d	listricts in Al	labama				
		To find a list of district multipliers the link specified in the separate be available at the bankruptcy clean	instructions for this fo				Con	y total	
		Average monthly administrative e	expense if you were fi	ling under C	Chapter 13	\$		e=> \$	
		of the deductions for debt paymes 33e through 36.	ent.					\$	429.50
Total	l Deduc	tions from Income							
38. A	dd all d	of the allowed deductions.							
		ne 24, All of the expenses allowed e allowances	under IRS	\$	5,565.97				
	Copy lin	ne 32, All of the additional expense		\$	0.00				
	Copy lin	ne 37, All of the deductions for deb	t payment	+\$	429.50	_			
			Total deductions	\$	5,995.47	Copy total	here=	» \$	5,995.47
Part 3:	Det	termine Whether There is a Pres	umption of Abuse						
39. C	alculat	e monthly disposable income fo	r 60 months						
	39a. Co	ppy line 4, adjusted current monthly	income	\$	5,901.09				
	39b. Co	ppy line 38, Total deductions		-\$	5,995.47				
		onthly disposable income. 11 U.S.C obtract line 39b from line 39a	C. § 707(b)(2).	\$	-94.38	Copy here=>\$		-94.38	
	For the	next 60 months (5 years)					x 60		
	. 01 1110	nox or months (o yours)]		
	39d. To	tal. Multiply line 39c by 60		39d	. \$	5,662.80	Copy here=>	\$	-5,662.80
40. F	ind out	whether there is a presumption	of abuse. Check the	box that ap	pplies:				
	■ The I	line 39d is less than \$8,175*. On	the top of page 1 of th	his form, ch	eck box 1, Ther	e is no presui	mption of al	buse. Go to F	Part 5.
	☐ The I	line 39d is more than \$13,650*. C 4 if you claim special circumstance	n the top of page 1 o						
	☐ The I	line 39d is at least \$8,175*, but n	ot more than \$13.65	0*. Go to lin	ne 41.				
		to adjustment on 4/01/22, and eve				e date of adiu	stment.		
•		,	, . ,			J. waju	- · · · · - · · · · ·		

Debtor 1	Zen	dra Scott Shepherd	Case number (if known)	
41.	41a.	Fill in the amount of your total nonpriority unsecured debt. If you filled of A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.	\$x .25	
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i) Multiply line 41a by 0.25	(I) \$ r	Copy nere=> \$
25	% of y	ne whether the income you have left over after subtracting all allowed de rour unsecured, nonpriority debt. e box that applies:		
		39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>Th</i> p Part 5.	ere is no presumption of abus	ee.
		39d is equal to or more than line 41b. On the top of page 1 of this form, che <i>umption of abuse.</i> You may fill out Part 4 if you claim special circumstances. T		
Part 4:	Giv	ve Details About Special Circumstances		
		we any special circumstances that justify additional expenses or adjustme alternative? 11 U.S.C. \S 707(b)(2)(B).	nents of current monthly inc	ome for which there is no
	lo. Go	o to Part 5.		
□ Y		I in the following information. All figures should reflect your average monthly em. You may include expenses you listed in line 25.	xpense or income adjustmen	t for each
	ne	ou must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation justments.		
	G	Sive a detailed explanation of the special circumstances	Average monthly expense or income adjustment	
	_		\$	_
	_		\$	_
	_		\$	_
	_		\$	_
Part 5:	Sig	n Below		
	By si	gning here, I declare under penalty of perjury that the information on this state	ement and in any attachments	is true and correct.
	X /s/	Zendra Scott Shepherd		
	Ze Sid	endra Scott Shepherd gnature of Debtor 1		
Da	te 11	/19/2020		
	M	M/DD/YYYY		

Capio Partners L20-72147-wlh

Attn: Bankruptcy Po Box 3209 Sherman, TX 75090

Entered 11/30/20 12:05:57 Desc Main Doc 1 OneMain Financia Attn: Bankruptcy Page 60 of 60 Po Box 3251

Evansville, IN 47731

Capital One Attn: Bankruptcy Po Box 30285

Salt Lake City, UT 84130

PNC Bank Attn: Bankruptcy Po Box 94982: Mailstop Br-Yb58-01-5 Cleveland, OH 44101

CarMax Auto Finance Attn: Bankruptcy Po Box 440609 Kennesaw, GA 30160

Scratch/oneblinc P.o. Box 411285 San Francisco, CA 94141

Collection Srvs of Athens, Inc. Attn: Bankruptcy Po Box 8048

Athens, GA 30603

Convergent Outsourcing, Inc. Attn: Bankruptcy Po Box 9004 Renton, WA 98057

Credit One Bank Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193

Georgia Department of Revenue ATTN: Bankruptcy Department 1800 Century Blvd., N.E. Atlanta, GA 30345

IC System, Inc Po Box 64378 Saint Paul, MN 55164

Internal Revenue Service ATTN: Bankruptcy Unit Stop 335-D, PO Box 995 Atlanta, GA 30370

NetCredit 175 West Jackson Boulevard Suite 1000 Chicago, IL 60604

Wfhm

Attn: Written Correspondence/Bankruptcy Mac#2302-04e Pob 10335 Des Moines, IA 50306